



LICENSEES REQUEST FOR NAME OR ADDRESS CHANGE

Instructions:

When there is a name change, documentation must be provided: i.e., copy of marriage certificate, birth certificate, divorce decree or court order.

ABOVE DOCUMENTS MUST BE SUBMITTED WITH NAME CHANGE REQUESTS

SECTION I

1. My reason for making this application is as follows:

☐ Name Change

_____ (Please clearly print how your new name should read)

☐ Address Change

SECTION II

1. My name in full as it currently appears on the records of The Committee on Dental Auxiliaries is _____

2. Prior Address: _____

3. NEW Address: _____

4. Telephone- Home/Cell: _____

5. Date of Birth: _____

6. I am the person named and the lawful holder of **license number**: _____

- ☐ RDA
- ☐ RDH
- ☐ RDAEF
- ☐ RDHEF
- ☐ RDHAP

I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

SIGNATURE

DATE